



The Effect Of Qur'anic Murottal Therapy On Postpartum Blues During The Puerperium

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Abstract: In general, postpartum mothers only get the fulfillment of their physiological needs so it is very influential on the decline in the psychological condition of postpartum mothers called the postpartum blues. The study was conducted to determine the influence of Murottal Al Quran on the incidence of postpartum blues. The method used is pre-experimental research with one group pretest and posttest design experiment using questionnaires. Experimental research is research that aims to describe the effect of a treatment or treatment as an independent variable on the results of treatment as a dependent variable. Most postpartum mothers who experience Postpartum Blues are in the age group of 20-35 years, Housewives (IRT), junior high school education, parity of the first child, and in the normal childbirth group. There is an influence of Qur'anic Murottal Therapy on the incidence of postpartum blues in postpartum mothers in the UPTD Working Area of the Tukdana Health Center, Indramayu Regency in 2022.

Keywords: Qur'an, therapeutic, murottal, postpartum, blues

INTRODUCTION

Childbirth is an important event that most women look forward to because it makes the mother a woman who has functioned fully in her life (Kasanah, 2017). A woman who has given birth changes both psychological and physiological changes. Psychological changes are sudden and dramatic changes in normal status, causing mothers who are in this period to become sensitive to factors that under normal circumstances can be overcome. Changes that occur in physiological adaptations, mothers experience changes in the reproductive system where mothers experience emotional disappointment, pain in the early puerperium, fatigue due to lack of sleep during labor and anxiety in her ability to care for her baby, fear of no longer attractive to her husband (Riani, 2017).

Postpartum blues is a mild disorder syndrome in the first week after delivery. The peak of the postpartum blues is 3-5 days after childbirth and lasts from a few days to 2 weeks. But often ignored, undiagnosed, and ultimately not treated so it hurts maternal health

and child development (Yolanda, 2019). Postpartum blues are characterized by symptoms such as reactions: depression/sadness/dysphoria, tearfulness (tearfulness), irritability (irritable), anxiety, headaches (headache), emotional lability, the tendency to blame yourself, feeling inadequate, sleep disorders and appetite disorders (Machmudah, 2015).

Based on Basic Health Research (Risksdas) in 2019, the prevalence of postpartum blues in Indonesia is around 50% to 80% after childbirth. The incidence of postpartum blues in West Java in 2017 occurred as much as 45-65%, and around 50% after giving birth experienced feelings of sadness (West Java Health Office, 2017). The incidence of postpartum blues in Bandung City is 29.6% (Rini, 2015).

According to Marlianidiani (2015) that the family and environment have a very big role to minimize the risk of postpartum blues, namely by meeting the mother's resting needs, accompanying the mother, giving the mother the opportunity for relaxation, and so on. In addition to the above prevention efforts, currently, many types of non-pharmacological therapies are developed to relax postpartum mothers so that postpartum blues do not occur, including Mozart classical music therapy, Hydroponic therapy, Cupping therapy with Acupressure, Emotion therapy, Laughter therapy, and Religious therapy with Murottal Al-Qur'an (Budiyarti & Makiah, 2018).

Based on the above background, many postpartum mothers do not know the signs of Postpartum Blues and their effects. Because in general, postpartum mothers only get the fulfillment of their physiological needs while their psychological needs are not met. For this reason, it is necessary to provide knowledge and understanding of postpartum blues prevention during the puerperium through Quranic murottal therapy in postpartum mothers. This research is to find out the effect of Qur'an Murottal Therapy on postpartum blues during the postpartum period in the UPTD Working Area, Tukdana Health Center, Indramayu Regency in 2022.

LITERATURE REVIEW

Postpartum Period

The puerperium begins after the placenta is born and ends when the uterus returns to its pre-pregnancy state. The puerperium period lasts about 6 weeks, however, all genitals only recover to their pre-pregnancy condition within 3 months (Prawirohardjo, 2009; Saifuddin, 2002). According to Johnstone (1994), the puerperium is 6-8 weeks postpartum which is a time when the mother adjusts physiologically and psychosocially to motherhood. The emotional response experienced may be very strong and energetic, both in mothers who have experienced it and in new mothers. Major psychological changes are emotional, and the mother's mood appears to be a barometer, reflecting the baby's need for breastfeeding, sleeping, and crying patterns. New mothers tend to be irritable and very sensitive. The sense of balance is very easily lost because the mother may feel pressured and irritable by small things or mistakes.

Postpartum classification

The postpartum period (puerperium) is divided into three periods, namely the first early puerperium, which is the period in which the mother is allowed to stand and walk around. The second intermedial puerperium is the time needed for the recovery of all genetic organs within 6-8 weeks. The third remote puerperium is the time needed to recover and be perfectly healthy (Mochtar, 2002; Manuaba, 2007).

Postpartum physiological adaptations

Physiological adaptations that occur in postpartum mothers include changes in vital signs, hematology, cardiovascular system, urination, digestion, musculoskeletal system, endocrine system, and reproductive organs.

Psychological Changes

Normal emotional changes during the puerperium are optional and complex and may include the following: Contradictory and conflicting feelings ranging from contentment, joy, happiness to fatigue, helplessness and disappointment because in the first few weeks there seems to be domination by the unexpected new and unfamiliar; Relief, "thank goodness is over", may be expressed by most mothers immediately after birth, sometimes mothers respond coldly to recent events, especially when the mother has a long labor with difficult complications; some mothers may feel close to their partner and baby, some mothers want to feel skin-to-skin contact and breastfeed immediately; Not interested or very attentive to the baby; Fear of the unknown and of heavy and sudden responsibilities; Fatigue and increased emotions; Discomfort due to pain (e.g. perineal pain, nipple pain etc.); Increased susceptibility, inability to decide (e.g. breastfeeding), loss of libido, sleep disturbances, anxiety etc; Postnatal blues or postpartum blues; Postnatal blues or other terms postpartum blues is a phenomenon of psychological changes experienced by mothers.

Postpartum Blues

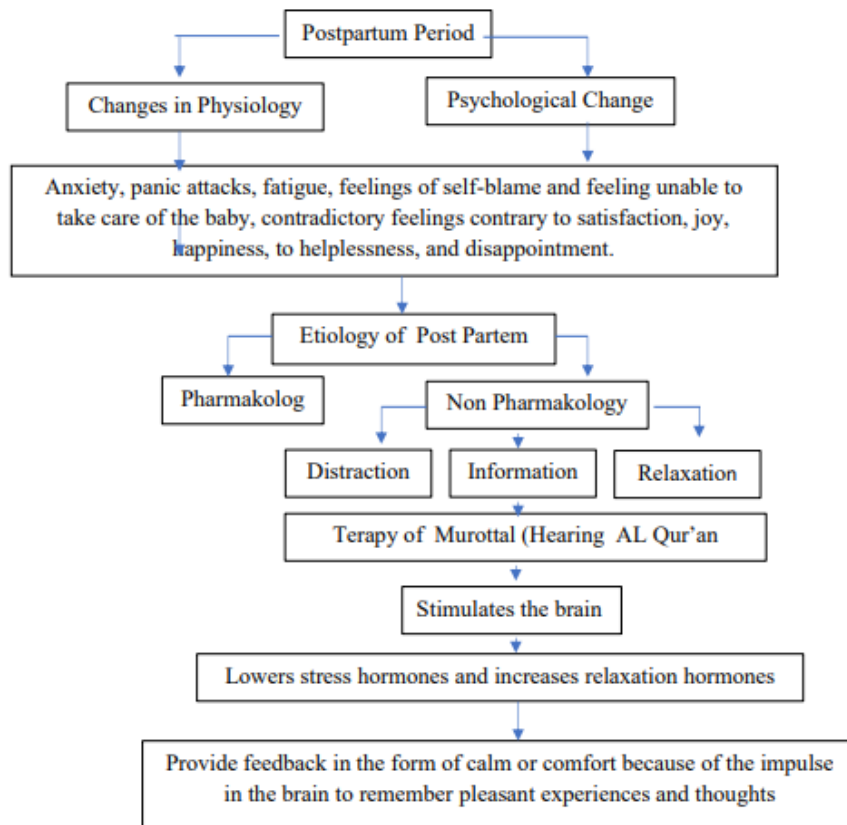
Postpartum blues are feelings that occur in postpartum mothers characterized by anxiety, panic attacks, fatigue, feelings of self-blame, and feeling unable to take care of their babies (Litter, 2017). Postpartum blues is a normal condition, as well as the mother herself also does not realize that she is experiencing postpartum blues. The maturity and readiness of the mother is the main factor so that the mother does not experience stress that continues in the baby blues syndrome, because mothers who have maturity and readiness will successfully overcome stress after childbirth. (Ningrum, 2017).

Murottal Therapy

Murottal is the chanting of the holy verses of the Quran sung by a Qori (Qur'an reader) recorded and played at a slow and harmonious tempo. (Purna, 2006 in Handayani, et al, 2014). Murottal is a way of reading the Qur'an with a moderate rhythm, not too slow and not too fast (tartil) (Salim, 2000 in Wahyuni, Deswita, 2013)

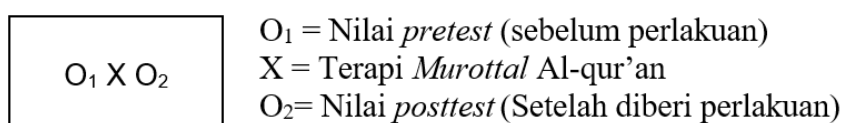
According to Heru (2008), murottal therapy (listening to the recitation of the holy verses of the Qur'an) can reduce stress hormones, activate natural endorphins, increase feelings of relaxation, and distract from fear, anxiety, and tension, Improve the body's chemical system so that it lowers blood pressure and slows breathing, heart rate, pulse, and brain wave activity. Such a deeper or slower breathing rate is very good at calming, emotional control, deeper thinking, and better metabolism. In another theory, Pedak (2009) in more detail explains that when listening to the Qur'an, impulses (stimuli) enter the brain through the auditory area. From the kokhlea, signals of Qur'anic verses are relayed to the thalamus and ushered to the amygdala (emotional center), which is an important part of the system that influences emotions and behavior, then delivered to the hippocampus (emotional memory center) and hypothalamus (autonomous control center) so that the sound of chanting the holy verses of the Qur'an that are listened to becomes energy that has a positive effect on the heart

Theoretical Framework



METHOD

The research design used was pre-experimental research with one group pretest and posttest design experiment using questionnaires. Experimental research is research that aims to describe the effect of a treatment or treatment as an independent variable on the results of treatment as a dependent variable (Sugiyono, 2014). This study used a one-group pretest-posttest design approach. One Group Pretest-Posttest Design is a research activity that provides an initial test (pretest) before being given treatment after being given treatment then gives a final test (posttest) (Arikunto, 2010).



In this design, the test was carried out twice, namely before and after being given experimental treatment. The test done before getting treatment is called a pretest. The pretest is given to the experimental class (O_1). After the pretest, the researcher gave treatment in the form of Qur'an Murottal Therapy using HP (X), in the final stage the researcher gave a posttest (O_2).

The tool used in this study was by using the Edinburgh Postpartum Depression Scale (EPDS) questionnaire sheet filled out by respondents. Respondents who had just given birth were examined for their mood condition using the EPDS Scale which was assessed as a pre-test. Furthermore, the Qur'an Murottal therapy intervention was given for 3 days, namely the first, second, and third day for 15 minutes every day, and at the end of the study was given a post-test using the EPDS Scale and assessed as a post-test.

RESULTS AND DISCUSSION

The characteristics of respondents are the background that the respondents themselves have such as age, occupation, education, number of parties, and type of childbirth. The characteristics discussed include:

Table 1. Frequency Distribution of Postpartum Mothers Who Experience Postpartum Blues

Age	Frequency	Percentage (%)
<20 year	3	27.3
20-35 year	7	63.6
>35 year	1	9.1
Total	11	100
The Kind of Job		
PNS	0	0
Swasta	0	0
Entrepreneur	0	0
IRT	11	100
Total	11	100
Education Level		
Elementary School	1	9.1
Junior High School	7	63.6
High School	3	27.3
Diploma	0	0
Bachelor	0	0
Master	0	0
Total	11	100
Sum of Parity		
First child	6	54,5
Nonfirst children	5	45,5
Total	11	100
Types of childbirth		
Normal	10	90,9
Operation of SC	1	9,1
Others	0	0
Total	11	100

Of the Postpartum Mothers who Experienced Postpartum Blues 63.6% were aged 20-35 years, 100% were housewives, 63.6% graduated from junior high school, 54.5% gave birth first, and 90.9% gave birth normally. Pregnancy and childbirth in adolescents are the supporting factors for the occurrence of postpartum blues, this is associated with adolescent readiness in changing their role as mothers, including physical, mental, financial, and social readiness (Hensaw, 2003; Deal & Holt, 1998) also stated that the young age of adolescents tends to be higher causing the occurrence of postpartum blues (Jadri et al., 2006). Mothers who only work at home taking care of their children can experience crises and achieve postpartum blues feeling disorder because of the fatigue and fatigue they feel. Housewives who take care of all household matters on their own may have pressure on their responsibilities either as a wife or as a mother (Ambarwati, 2008). Mothers who have education at the elementary level, have a greater tendency to experience postpartum blues compared to mothers who have a higher level of education (Cury, et al., 2008). The incidence

of postpartum blues is often experienced by first-time mothers because it is related to the ability or experience of mothers in dealing with problems that occur in caring for babies. Inexperienced mothers will have an impact on the care given to their babies. The knowledge of the mother also has a great influence on the care carried out on the child (Mansur, 2009). In women who give birth normally, postpartum blues symptoms are seen to peak on days three and four, while postpartum blues symptoms in postpartum blues women appear immediately after the surgery process and disappear gradually. The type of childbirth is related to complications experienced by a mother in childbirth, complicating labor is related to the occurrence of postpartum blues (Cury, et al., 2008).

Tabel 2. Distribusi Frekuensi Nilai EPDS Ibu Nifas setelah Dilakukan Terapi Murrotal Al-Qur'an

Nilai EPDS	Frekuensi	Prosentase (%)
No Postpartum Blues (1 – 9)	6	54.5
Medium Postpartum Blues (10 – 12)	5	45.5
High Postpartum Blues (13 – 30)	0	0
Total	11	100

Source: Processed Data, 2022

Based on Table 2, it can be seen that the EPDS value carried out after the administration of Qur'anic Murrotal Therapy from 11 postpartum mothers was obtained Most postpartum Blues postpartum mothers were 6 people (54.5%).

Table 3. Differences in EPDS values before murrotal therapy The Qur'an and After Murrotal Therapy

Variable	N	Mean	Std. Deviasi	P Value
Before Therapy Murrotal Al Qur'an	11	13.6667	3.36650	0,000
After Therapy Murrotal AlQur'an	11	8.5000	3.26134	

Source: Processed Data, 2022

Based on Table 3 above, it can be seen that from 11 respondents examined by EPDS with a mean difference of 5.16667 with a P value of 0.000 (P value < 0.05) so it can be concluded that there is a difference between the EPDS value in postpartum mothers before being given Qur'an Murrotal Therapy and after being given Qur'an Murrotal Therapy.

Qur'anic Murottal Therapy can reduce stress hormones, activate natural endorphins, increase feelings of relaxation, and distract from fear, anxiety, and tension, improving the body's chemical system to lower blood pressure and slow breathing, heart rate, pulse, and brain wave activity. Such a deeper or slower breathing rate is very good for calming, emotional control, deeper thinking, and better metabolism (Heru, 2008).

Research on Risk Factors of Postpartum Blues Events in Palembang City with analytical survey methods with Cross-sectional methods showed that the incidence rate of Postpartum Blues was 46.7% (Hendrawati, 2017). Research on the relationship between postpartum blues and various factors at RSU Ahmad Yani Metro Lampung with the Descriptive Quantitative method showed that as many as 6 (17.1%) respondents experienced postpartum blues (Kurniasari & Astuti, 2015).

Dr. Al Qadhi, President and Director of the Islamic Medicine Institute for Educational and Research (2014) examined the Effect of Listening to the Holy Qur'an on Humans on Physiological and Psychological Perspectives in Florida, United States in female students

aged 18-20 years with a GPA of 3.00 showed that calmness is coming and reflective nerve tension can decrease by 97%.

The Effect of Qur'anic Murottal Therapy on Postpartum Blues During the Postpartum Period In the Working Area of UPTD Tukdana Health Center in 2022, it turns out that there is an influence of Qur'anic murottal therapy on postpartum mothers with Postpartum Blues, which is reducing Postpartum Blues by 54.5% (Ratnawati, 2022).

CONCLUSION

1. Most postpartum mothers who experience Postpartum Blues are in the age group of 20-35 years, in the group of Housewives (IRT), with junior high school education, in the first child parity group, and in the normal childbirth group
2. Most postpartum mothers experience Severe Postpartum Blues before Qur'anic Murottal Therapy is carried out in the range of 13 – 30.
3. Most postpartum mothers are not postpartum blues after Qur'anic Murottal Therapy
4. There is an influence of Qur'anic Murottal Therapy on the incidence of postpartum blues in postpartum mothers in the UPTD Working Area of the Tukdana Health Center, Indramayu Regency in 2022.

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